

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	198	70531	5/2
O.I.P.E. CLASSIFIER			5/5/00
FORMALITY REVIEW	198	70531	5/5/00
RESPONSE FORMALITY REVIEW			5/5/00

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	6/26/01
2	7/14/01
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Claim	Date
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If more than 150 claims or 10 actions  
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